

**Appendix A NPDES Combined Form 1 & 2A National Pollutant Discharge Elimination System
Permit Application for a Facility Discharging Domestic Wastewater**



**Nebraska Department
of Environmental Quality**

Wastewater Section

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NPDES Combined Form 1 & 2A

**National Pollutant Discharge Elimination System
Permit Application for a Facility Discharging Domestic Wastewater**

This Area is For Agency Use

NPDES Number	NE	IIS Number	Date Rec'd
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1. Facility Information

A. Owner of Facility (Permittee)

Street _____
City _____ State _____ Zip _____

B. Name of Facility

C. Facility Contact Person

Ph _____ Email _____

D. Facility Mailing Address

Street _____
City _____ State _____ Zip _____

E. Facility Location (if different from above)

Street _____
City _____ State _____ Zip _____

F. Facility Legal Description

_____ 1/4 of the _____ 1/4, Section _____, Township _____ N, Range _____ (E or W), _____ County, Nebraska

G. Standard Industrial Classification (SIC) Code(s) applicable to the Facility

H. Operation/Maintenance Performed by Contractor(s)

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____ yes ____ no If yes provide the following

Name _____ Ph _____ Email _____

Street _____

City _____ State _____ Zip _____

Responsibilities of contractor _____

I. Compliance Sampling

Is compliance sampling of the discharge effluent the responsibility of a contract laboratory? ____ yes ____ no If yes provide the following

Name _____ Ph _____ Email _____

Street _____

City _____ State _____ Zip _____

Responsibilities of laboratory _____

2. **Wastewater Sources (check applicable items)**

A. Application Status (check one)

____ NPDES Permit Reapplication for Existing Source

____ NPDES Permit Application for New Source

B. Additional Forms Required

- ____ Facility discharging domestic wastewater
- ____ Facility discharging industrial wastewater
- ____ Facility discharging nonprocess wastewater
- ____ Facility is a fish hatchery or fish farm
- ____ Industrial facility discharging stormwater
- ____ Land application of treated effluent

- Submit NPDES Form 2A
- Submit NPDES Form 2C
- Submit NPDES Form 2E
- Submit NPDES Form 2B
- Submit NPDES Form 2F
- Submit Land Application Form

3. **Other Existing Environmental Permits**

- ____ NPDES (discharge to surface water)
- ____ NPP (Nebraska Pretreatment Permit)
- ____ UIC (underground injection of fluids)
- ____ RCRA (hazardous waste)
- ____ Air Permit
- ____ Other (specify) _____

Permit Number

4. Operator Information (continued on next page)

A. Treatment Facility Operator (Last, First,) and Phone Number

_____ Ph _____ Email _____

Operator Certification Number _____ Operator Class _____

B. Operator's Mailing Address

Street _____

City _____ State _____ Zip _____

5. Wastewater Treatment System Information

Provide a brief description of the wastewater treatment process. Include a description of the collection system, primary treatment, secondary treatment, and disinfection.

Population served _____ Design Daily Flow (MGD) _____

Average Daily Flow (MGD) _____ Design Maximum Flow(MGD) _____

6. Sludge Disposal Methods

Describe sludge management practices and utilization. The disposal of domestic sewage sludge is subject to the requirements of 40 CFR Part 503. This is a Federal regulatory program administered by E.P.A. Region VII

7. Discharge Information (continued on next page)

(Include an attachment to the permit for the following if there is more than one outfall)

How many separate outfalls discharge to the receiving waters? _____

Facility Location (Street/Directions) _____

Location of Outfall(s). _____

____ Quarter, ____ Quarter, Section _____, Township _____ North, Range _____ (East / West), _____ County, NE

Provide lat/long of outfall if known. Latitude _____ Longitude _____

Name of receiving waters _____

Name of watershed if known _____

Does the treatment works land-apply treated wastewater? ____ yes ____ no

Are there any constructed emergency overflows prior to the headworks? ____ yes ____ no. If yes describe below

Are there any combined sewer (sanitary and storm) overflow points? ____ yes ____ no. If yes describe below

Is the effluent discharge continuous or intermittent? _____. If intermittent provide the following information

_____ Number of times per year discharge occurs
_____ Average duration of each discharge
_____ Average flow per discharge
_____ Months in which discharge occurs

Are industrial wastes discharged to this facility? ____ yes ____ no. Identify all Significant Industrial Users below.

A Significant Industrial Users is defined as a user that discharges 25,000 gallons per day or more of process water or contributes a process wastestream which makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the POTW treatment plant. Any industrial users subject to Categorical Pretreatment Standards (e.g. metal finishing) are also classified as Significant Industrial Users. (provide an attachment if there are more than four industries).

Industry	Industrial Process	Average flow Rate (MGD)	Average Organic Loading (lbs)

8. Process Flow Diagram or Schematic

Provide a diagram showing the processes of the treatment plant, including all bypass piping, and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection. The water balance must show daily average flow rate at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

9. Map

Attach to this application a topographic map (7.5 minute USGS) of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area.

10. Additional Information

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the facility.

11. Certification (see Signatory Authorization Form for designation of Cognizant Official)

I certify that I am familiar with the information contained in the application, that to the best of my knowledge and belief such information is true, complete, and accurate, and if this permit is granted, I agree to abide by the Nebraska Environmental Protection Act (Neb. Rev. Stat. Secs. 81-1501 et. seq. as amended to date) and all rules, regulations, orders, decisions promulgated there under, and subject to any legitimate appeal available to the applicant under the Act

Cognizant Official's Signature _____ Date _____

Cognizant Official's Printed Name _____ Title _____

PROPOSED FOR DELETION

Nebraska Department of Environmental Quality
NPDES/NPP SIGNATORY AUTHORIZATION FORM

This form is to be used to identify or update information pertaining to the facility. THIS FORM MUST BE SIGNED BY THE COGNIZANT OFFICIAL. The Cognizant Official and Authorized Representative can be the same person.

Facility Name: _____ Permit No. NE _____
Address: _____ City _____ Zip _____ County _____
Location (Street/Directions to) _____
_____ Phone _____

PERMITTEE

List the *NAME* of the company, business, governmental entity, or person that owns the facility and that will be responsible for the permit compliance: _____

COGNIZANT OFFICIAL

This person is responsible for the permit, signing reapplications, signing DMRs or designating someone to sign DMRs (Authorized Representative) and other correspondence. For a municipal, only the mayor, chairperson or city manager may sign as the Cognizant Official. *See page 6 for requirements.*

Name _____ Title _____
*Mailing Address _____ City _____
State _____ Zip _____ Phone _____ Home Ph (optional) _____

AUTHORIZED REPRESENTATIVE (Do not complete if same as Cognizant Official)

This person is designated by the Cognizant Official and is responsible for receiving, completing and signing DMRs, and receiving other correspondence (i.e., city clerk, plant operator). *See page 6 for requirements.*

Name _____ Title _____
*Mailing Address _____ City _____
State _____ Zip _____ Phone _____ Home Ph (optional) _____
If You Represent this Facility as/for a Contractor, list: Contractor's Name _____
Contractor's Address _____ Phone _____

OPERATOR This person is responsible for the operation and maintenance of the plant. *See page 6 for requirements.*

Name _____ Title _____ Certification # _____
Mailing Address _____ Phone _____
If You Represent this Facility as/for a Contractor, list: Contractor's Name _____
Contractor's Address _____ Phone _____

***Mailing Address:** DMRs will be mailed to this address. *DO NOT* use a home or personal address unless

necessary. Please use city/village office address or facility/corporate address, etc. This address should remain the same, even with changes in the facility's Cognizant Official or Authorized Representative.

NPDES/NPP SIGNATORY AUTHORIZATION FORM (continued)

Facility Name: _____ Permit No. NE _____

COMMENTS

COGNIZANT OFFICIAL SIGNATURE _____ DATE _____

PRINTED NAME OF COGNIZANT OFFICIAL _____

SIGNATORY AUTHORIZATION FORM REQUIREMENTS

Cognizant Official. Nebraska Department of Environmental Quality, Title 119, Chapter 10 and Title 127, Chapter 29. All permit applications submitted to the Department shall be signed.

001.01 in the case of a corporation, by a principal executive officer of at least the level of vice-president;

001.02 in the case of a partnership, by a general partner;

001.03 in the case of a sole proprietorship, by the proprietor; and

001.04 in the case of a municipal, state or other public facility, by either a principal executive officer or ranking elected official.

Authorized Representative. Nebraska Department of Environmental Quality, Title 119, Chapter 10 and Chapter 127, Chapter 29 002. All other correspondence, reports and DMRs shall be signed by a person designated in 001.01 through 001.04 above or a duly authorized representative if such a representative is responsible for all the overall operation of the facility from which the discharge originates; the authorization is made, in writing, by the person designated under 001.01 through 001.04 above; and the written authorization is submitted to the Director. Any change in the signatures shall be submitted to the Department, in writing, within 30 days after the change.

Operator. Nebraska Department of Environmental Quality, Title 123, Chapter 15

001 A competent operator familiar with the principles of wastewater treatment and disposal and skilled in the operation of the plant equipment, shall be in charge of each wastewater works. The operator shall make such operations tests as may be specified by the Department.

The operator may be required to be certified according the NDEQ Title 197.

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